



Victorian  
Health Building  
Authority



# Thomas Embling Hospital Expansion Project Co-design and Engagement Report



# Foreword

We are pleased to share with you our process, outcomes and learnings from the co-design and engagement process, to inform the design of Stage 1 of the Thomas Embling Hospital expansion project.

The 2021 Royal Commission into Victoria's Mental Health System recommended people with lived experience of mental illness or psychological distress be more involved in the design of future mental health facilities.

In 2020 Forensicare launched its Model of Care 2021 – 2026. The Model of Care sets out Forensicare's commitment to empowering Victorians living with a mental illness to lead safe and meaningful lives free from offending. It was developed after extensive consultation with consumers, carers, families, supporters, staff, stakeholders, service partners and subject matter experts, and demonstrates how Forensicare will place consumers at the heart of everything they do.

To ensure we deliver against the Royal Commission's recommendations and embed Forensicare's Model of Care into the project, we designed and implemented a bespoke co-design process that is appropriate for a forensic mental health facility. This process ensures the voices and opinions of people with lived experience have an equal voice alongside healthcare staff, carers, and other stakeholders.

The process has been an incredibly valuable experience which has given us the confidence that we are designing a service delivery setting which is fit for purpose, and will be adaptable to future needs of clinicians, consumers, carers, families and supporters.

This report demonstrates that together, we can continue to evolve the way we embrace the lived experiences of people within our community and build facilities to ensure they receive the right care, at the right time, in the right place and by the right people.

We would like to acknowledge and thank everyone involved in this co-design and engagement process, with a special thank you to our carer and clinician who co-chaired the Redevelopment Advisory Co-design Committee, for their time and commitment.



VHBA CEO  
Robert Fiske



Forensicare CEO  
Margaret Grigg

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# Introduction

## The Royal Commission into Victoria’s Mental Health System

The Thomas Embling Hospital expansion project is the first stage of a major rebuild which will fulfil a key recommendation of the Royal Commission into Victoria’s Mental Health System.

The Royal Commission was established in February 2019 after the Victorian Government recognised the system was failing to support people living with mental illness or psychological distress, their families, carers, and supporters, and those working in the system.

The final report made specific infrastructure recommendations regarding the expansion of forensic mental health beds at Thomas Embling Hospital in Fairfield.

In response, the Victorian Budget 2021/22 allocated \$3.8 billion dollars to supporting mental health projects and initiatives around the State including \$349.6 million towards the Stage 1 expansion of Thomas Embling Hospital. An additional \$123.9 million was also announced in the 2022-23 State Budget for the next stage of redevelopment of the Thomas Embling Hospital.

The Royal Commission report also found the perspectives and experiences of people with lived experience of mental illness or psychological distress are often overlooked when new mental health facilities are being designed.

Power imbalances throughout the system mean that the experiences, perspectives, and expertise of people living with mental illness or psychological distress, their families, carers, and supporters, and those working in the system are often not valued or recognised.

To this end, the Royal Commission also recommended that these people be involved in meaningfully co-designing future mental health facilities.

The Thomas Embling Hospital expansion project team has committed to implementing these recommendations by ensuring co-design is a key and embedded component of this project, and places lived experience at its heart.

“Being a consumer, there are things that I see that staff may not. I understand what it is like living in these units. There are things about my experience there that I really want to change.”

Thomas Embling Hospital Consumer Representative

## Thomas Embling Hospital expansion project

Thomas Embling Hospital is a secure forensic mental health hospital, providing care and treatment for people living with a serious mental illness in, or at risk of entering, the justice system.

The Stage 1 expansion project will deliver an additional 82 secure mental health beds – including a new dedicated 34-bed Women’s Precinct, a 48-bed medium security Men’s Facility and clinical administration facilities.

This project is being delivered by the VHBA in partnership with [Forensicare](#), the state-wide specialist provider of forensic mental health services in Victoria.

Construction on the first stage of the expansion project is commencing in 2022 and main works are due for completion in mid-2024.

“Nobody is more aware of what we need in this hospital more than the people who have the lived experience of having been treated.”

Executive Director  
Redevelopment & Asset Management,  
Forensicare



# Purpose of this report

This report directly responds to the 2021 Royal Commission into Victoria's Mental Health System's recommendation that the insights from people with lived experience of mental illness are incorporated into all aspects of service delivery, including the design of mental health care settings.

This report provides:

- an overview of the co-design and engagement process undertaken to inform the planning and design of Stage 1 of the Thomas Embling Hospital expansion project.
- a summary of key themes we've heard throughout the process and how they have been incorporated into designs.
- a summary of key learnings from the co-design process.

The co-design and engagement process was led by Forensicare, in partnership with the Victorian Health Building Authority.

While Forensicare acknowledges that this report does not encompass the full comprehensive co-design process, we are committed to the inclusion of lived and living experience and look to continue to learn from those that have lived the lives we strive to support.

## Mark's story\*

Mark was involved in the co-design of Thomas Embling Hospital.

As someone who was in Thomas Embling Hospital for 15 years, almost a third of his life, he recognised the unique perspective he could bring to the process.

"There are things that I see that staff may not. I understand what it is like living in these units," Mark said. "And just having someone say, 'what do you think?' That makes me feel really good."

Throughout the process, Mark felt like he was part of the team.

"I expected people to ask me what sort of colour we wanted to paint the walls, and things like that, but I really felt part of the whole design process... like I was involved in every aspect."

Mark got involved in the process as he knew there were things about his experience that he really wanted to change.

"I want patients to feel like they have more privacy, and like they have their own space. I want Thomas Embling to feel more like a hospital where people can get better."

"I want to make (the next person's) experience better, and their recovery faster. If I can cut down that time (spent in hospital) and improve the experience for someone else, I really want to do that."

*\* This name has been changed for publication.*



# Co-designing a forensic mental health facility

Co-design at its very core is about bringing key users and stakeholders together to design new products, services, and policies.

In the design of mental health services and facilities, co-design requires that people with lived experience of mental ill-health (including consumers, carers, families and supporters) are equal partners with clinicians, staff and other experts. It means they are involved at every stage in decision making – from problem identification to design, development, delivery, and evaluation. Co-design is not tokenistic: it is a genuine, authentic, respectful, and transparent process.

“Doing co-design means bringing together people with lived experience, professionals and other experts. It involves developing a shared understanding of the problem, defining the solution, and testing it.”

Mental Health Reform Victoria

Forensicare has a strong history of co-design and an established Co-design Framework. This framework captures Forensicare’s commitment to an ongoing, effective, and engaging partnership with consumers, carers, families and supporters, valuing their knowledge and expertise in creating quality services, programs, and policies. It also provided a foundation for the Project Team’s co-design approach.

Forensicare has led the co-design process for the Thomas Embling Hospital expansion project, and together with the project team, has ensured that it aligns with the Department of Health’s *Mental Health Lived Experience Framework*, *Forensicare’s Co-design Framework* and *Forensicare’s Model of Care 2021-2026*.

## Our objective

The objective of the project team was to develop and embed a structured and comprehensive co-design and engagement process that would achieve meaningful consumer and service outcomes for the Thomas Embling Hospital expansion project.

This process was designed to ensure consumers, carers, families and staff with lived experience of mental ill-health, and in particular the specialist services provided by Forensicare, are at the centre of the planning and design.



## Our principles

The principles from Forensicare's *Co-design Framework* have been applied to this process. These principles are consistent with the Department of Health's *Mental Health Lived Experience Engagement Framework* and outline a commitment to be purposeful, prepared, genuine, inclusive and to communicate clearly.

## Our scope

This report encompasses all co-design and engagement activity that took place to inform the planning and design of Stage 1 of Thomas Embling Hospital expansion project from 2020 to September 2022. It does not cover co-design activity that took place to inform broader topics, such as workforce planning.

## Influence of people with lived experience

People with lived experience of mental ill-health have been involved in every aspect of and facility design of the upgraded Thomas Embling Hospital, as appropriate for a forensic mental health facility.

This means they have helped shape every area of the facility that they will be spending time in. The decision to not include consumers in unnecessary workshops, and those that weren't appropriate from a safety point of view, was made to ensure they were not too overtaxed by an excessive workload and could stay engaged on areas they could influence.

"For us to have people with lived experience actively involved in every user session that involved consumer spaces is just fantastic. It has enabled us to have a lot more confidence that what we are delivering will meet the needs of consumers and be adaptable into the future as these needs change."

Director, Guymer Bailey Architects



# The co-design and engagement approach

The Thomas Embling Hospital expansion project team undertook a comprehensive co-design and engagement process to ensure people with lived experience of mental ill-health, staff and key stakeholders could help shape planning and design of the upgraded hospital.

“The more that people get involved, the more we become inventive. I know the process can be extended by this, but it is important to hear different voices. Different perspectives that are coming from our consumers and coming from our staff.”

Project Manager, Clinical Lead

From the very beginning, consumers were engaged and consulted in planning for the expansion project.

Following this initial engagement, the Redevelopment Advisory Co-Design Committee (RACC) – formerly the Co-design Meeting: Bed-based Redevelopment – was established early in the project to provide oversight of the co-design approach and to help ensure consumers move from being informants to active participants, contributors, and partners.

A dedicated full-time resource, the Co-design Lead, was then appointed to facilitate the co-design process and coordinate consumer and carer involvement.

Co-design took place through the monthly RACC meetings, consumer and carer participation on every relevant project working group, engagement with committees and groups, meetings with key stakeholders, and individual feedback from consumers and carers.

Consumers and carers were remunerated for their time in the process.

Meetings and co-design workshops were held virtually due to Covid-19 restrictions. Many consumers shared that they preferred this format, as it removed external stressors and allowed them to focus on the work at hand.

“The consumers are part of our team, which is really important to us. They are not just stakeholders; they are part of the process.”

Executive Director, Redevelopment & Asset Management, Forensicare





## Key engagement initiatives

### The Redevelopment Advisory Co-Design Committee (RACC)

The RACC was established to guide and oversee the co-design approach for the project and ensure engagement with consumers, carers, external lived experience experts and senior management from Thomas Embling Hospital.

The RACC was set up through an Expression of Interest process and included past and current consumers and carers, staff and project representatives from both VHBA and Forensicare. For a meeting to go ahead – at least half of the committee members were required, and fifty per cent of hospital or community consumers, and fifty per cent of carers needed to be in attendance.

The committee met from September 2021 until September 2022.

Meetings were held monthly online (due to Covid-19 restrictions) and ran for approximately 90 minutes, with opportunities for smaller group discussions to facilitate a safer space for many consumers, leading to a more in-depth sharing experience.

While consumer perspective is invaluable, decisions relating directly to the safety and security of the hospital and consumer wellbeing can feel confronting and intense. Challenging topics were discussed openly with the Committee to formalise if they are comfortable to move forwards with the topic or not. The last 15 minutes of each meeting was scheduled for committee members to raise any issues that they were not comfortable discussing or language they found distressing. Debriefing opportunities for consumers and carers are provided before, after and between meetings.

Many of committee members with lived experience spoke of how inclusive the committee was. Despite some challenges with the process, they shared how much they valued the opportunity to be heard, as well as the confidence and sense of purpose the experience provided.

“[The committee] felt like a very safe space. There were [some difficult topics] that we had to comment on, and I felt that it was a safe environment to share my views. In different forums, I may have not said anything but in this environment, I felt really comfortable to have my say.”

Thomas Embling Hospital Consumer Representative

### Consumers attending Project Working Groups

Consumers with lived experience were invited to attend most project working groups to provide input into elements of the design development for the Men’s Precinct and the Women’s Precinct; De-escalation and Seclusion; Interior Design; Dining rooms and Model of Food service; Environmentally Sustainable Design (ESD) Alignment; IT and AV systems and Design Principles.

Consumers were supported by the Forensicare Co-design Lead to prepare for these meetings and were offered debriefing afterwards if required.

Maintaining continuity of attendance at meetings was important and consumer representatives were reimbursed accordingly for their time, as many felt it helped them feel valued.



### **Consumer Advisory Group (CAG)**

The CAG is a forum for Thomas Embling Hospital patients to engage and consult with staff about improving service quality and delivery. As a key consumer group at the Hospital, the Project Team have engaged with the CAG at key stages of project to present and obtain feedback.

### **Consumer and Staff Roadshow**

In May 2022, the Project Manager – Clinical Lead and the Co-design Lead embarked on attending each Unit at the hospital to speak with consumers at their Consumer Community Meetings and at the Best Care Staff meetings. This was to ensure that each consumer and staff member had a strong understanding of the project and to encourage feedback and ideas.

### **Family & Carer Advisory Group (FCAG)**

The FCAG (formerly known as the Family Sensitive Practice Committee), is a forum for families and carers of Forensicare consumers looking to engage and improve service quality and delivery particularly regarding carer experience. Like the CAG, the Project Team engaged with this group to present and obtain feedback about the project. Feedback captured at these sessions explored areas of importance to families and carers, such as the entrance and arrival experience to the hospital, reception, security, gatehouse, the entrance to the units and visitor's rooms.

### **Prototypes and full-size projection of the floor plan of the Men's and Women's Precinct**

When design entered Design Development Phase, physical prototypes (made of foam) of the bedrooms, the seclusion suite and enhanced care suite and a full-size projection of the floor plan were created so users could experience the space and provide feedback.

The Co-design Lead walked around the layout with the consumers, testing the spatial practicality of the design and gathering feedback to take back to the project team.

Staff, project stakeholders and executives also had the opportunity to experience the space and provide feedback.

### **Wurundjeri Land Council**

The Wurundjeri Land Council is a Registered Aboriginal Party (RAP) for a large area in and around Melbourne. The project presented to the council and established an ongoing engagement meeting once a month from November 2021 to September 2022, to work through key aspects of the project. Forensicare aims to work in partnership with the Wurundjeri Land Council, to ensure that the importance of the Yarra River and Merri Creek, both close to the location of the Hospital, is recognised. Forensicare requires First Nations People's advice to confirm that this project remains culturally appropriate for consumers.

### **First Nations Advisory Committee**

Forensicare established a First Nations Advisory Committee to strengthen its delivery of best practice forensic mental health services for First Peoples and enhance the representation and engagement of First Nations mental health professionals in the field. A first nations consumer also had specific input in the project.





### **Priority Communities Advisory Group**

The Priority Communities Advisory Group was established to strengthen Forensicare's delivery of best practice forensic mental health services that respond to the needs of priority communities including culturally diverse communities, LGBTIQ+ communities, the ageing, people with a disability and women which were identified as priority communities.

### **Additional individual feedback from consumers and carers**

Feedback was actively sought from consumers and carers who had areas of concern and issues they felt strongly about.

### **Engagement with on the ground staff**

On the ground engagement with staff has been completed in workshops, informally and formally in a variety of meetings and manners. At the hospital, if a staff member has a point to raise, they will raise it. They are aware that in a forensic mental health hospital, no point is too small or objective too large to raise.

The safety and security of all staff (as well as consumers and carers) is of paramount importance in the design and use of the two new precincts. Staff feedback and the volunteering of information has been and will continue to be, an invaluable source of information. Staff feedback can also include consumer insights. For this reason, future consultation with staff will encourage feedback that considers the provision of space and services for staff themselves, as well as consumers.

### **Engagement with committees and groups**

A number of individually tailored workshops and briefings took place with key stakeholder groups, including neighbouring organisations, relevant government departments and other interested parties to ensure a wide range of views and experiences were represented.

The purpose of these sessions was to provide an overview of the project, to identify their needs and understand any key issues and challenges that should be considered.

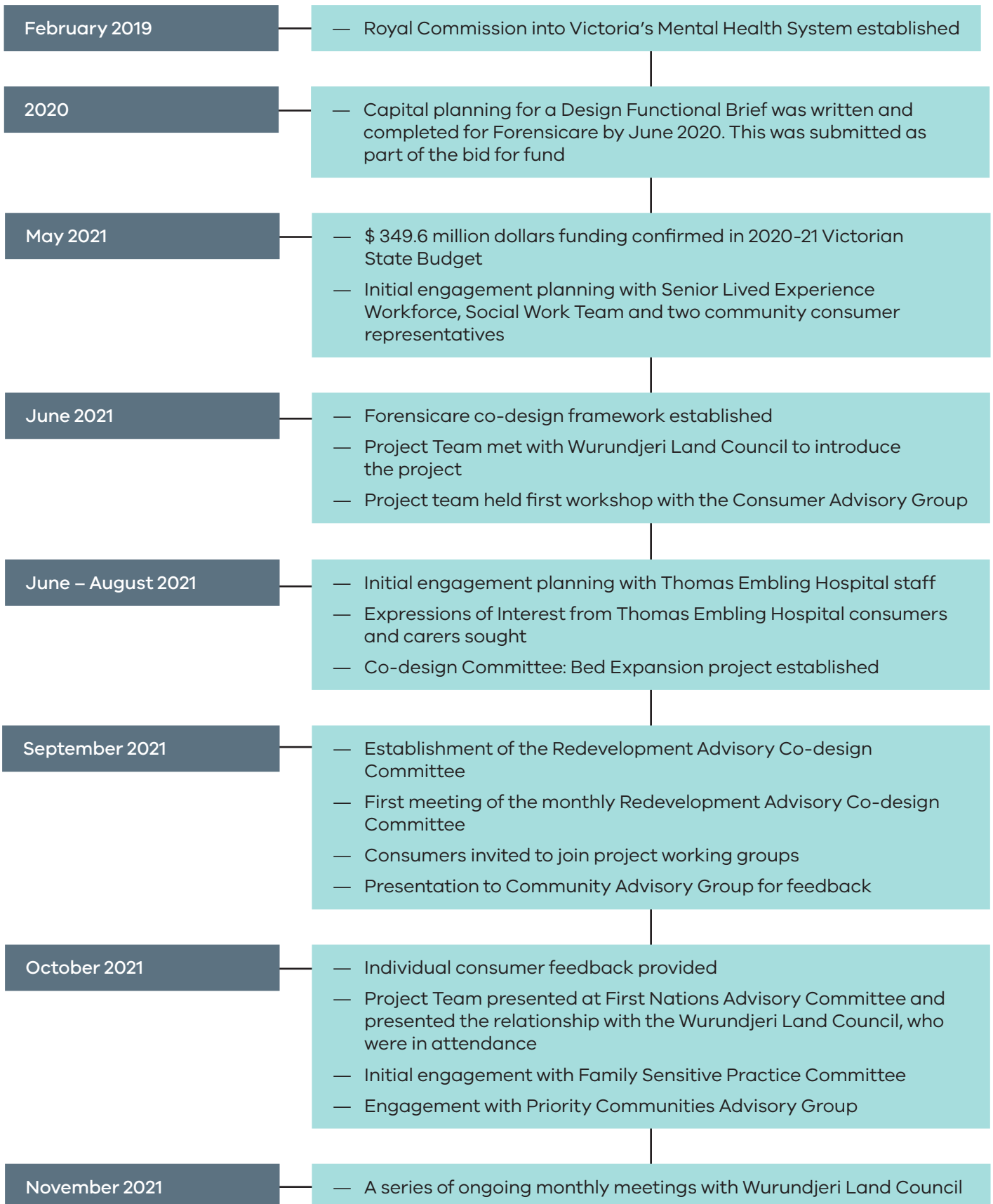
### **Engagement of the Executive Team**

The Thomas Embling Hospital Expansion Project Executive Committee and Forensic Mental Health Steering Committee have overseen project planning and implementation from its earliest stages, including being assured that co-design is being actively and appropriately practiced.

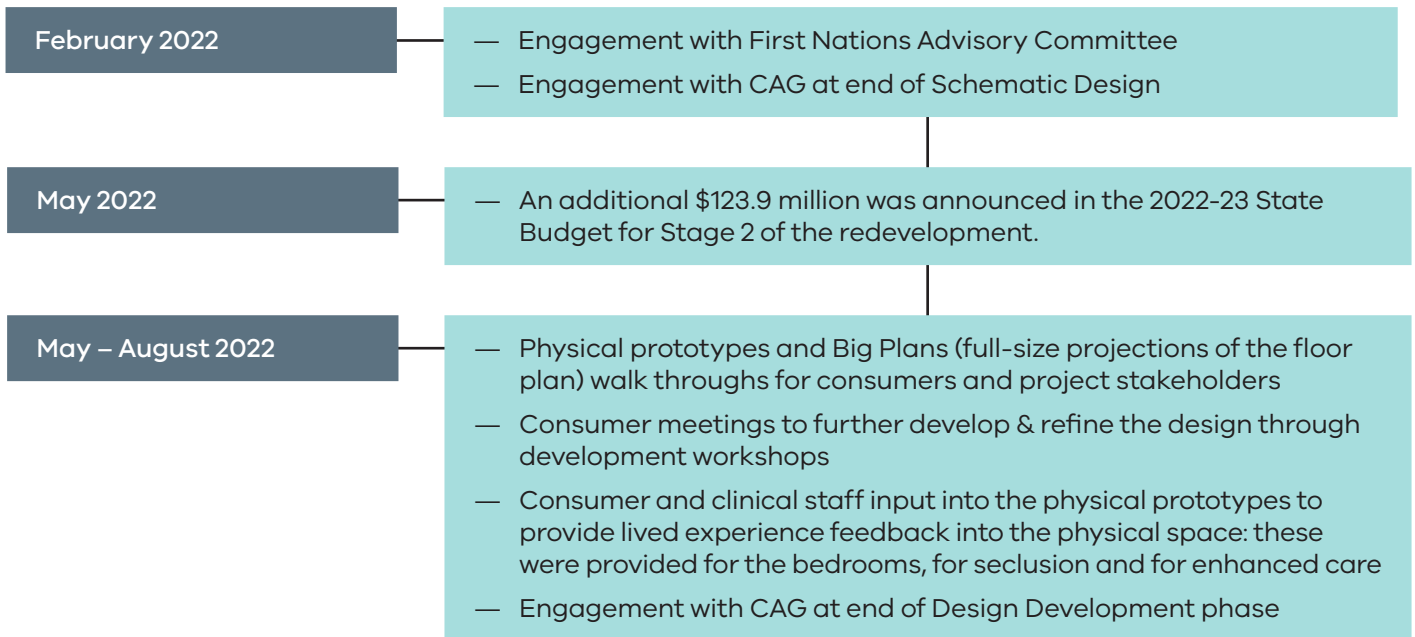
*"The process has always been about making sure the broadest range of voices is heard and responded to. If we get stuck on a point, we will reach out and talk to other services nationally and internationally to learn what their approach and their experience has been."*

Principal Advisor Design – Special Projects,  
Health Infrastructure

# Co-design and engagement timeline



# Co-design and engagement timeline



## Jenny's story\*

As a carer for more than 20 years, Jenny has experienced firsthand the challenges in the mental health space, so her voice was crucial in the co-design process.

For Jenny, having a seat at the table with key decision makers made her feel valued and heard.

"One of the things that makes me feel it's real...is the way carers are approached to approve minutes and carers are consulted around who participates at meetings."

While some meetings could bring up difficult memories, as Jenny moved through the process, she began to realise how important it was, and shared that "overall, it was a positive and growth experience."

"[I was] blown away by how positive [the consumers] are, given their circumstances. Their power has been taken away, but they're willing to come and help."

Her advice for anyone participating in a co-design process is to be yourself and to be patient.

"Be patient with yourself and be patient with the process, it's natural to feel uncomfortable."

"The main game is communicating your experiences and what you feel will make improvements at the hospital."

*\* This name has been changed for publication.*



# What we heard and how it has shaped design

Here is a summary of what we heard from consumers, carers, clinicians and key stakeholders and how these insights have shaped the planning and design of Stage 1 of the Thomas Embling Hospital.

## Women's Precinct

### What we heard

- The existing women's unit (a combination of acute and sub-acute) can impact on the progression of women through the recovery journey.
- The provision of a separate women's precinct is highly valued from a safety and privacy perspective.
- Care for women is more appropriate in a dedicated environment, where it can be tailored to better support women's needs.

*"Being a consumer and having gone through the system myself, (I saw) women really struggle because they're either well, or unwell – there's no in-between. The new women's precinct will be so helpful to help people recover – it can help women to visualize the journey (to recovery)."*

Thomas Embling Hospital Consumer Representative

### What we're doing

- The upgraded hospital will include a new dedicated 34-bed women' precinct.
- The new women's precinct will have three distinct levels of acuity; acute, sub-acute and rehabilitation.
- This new precinct will support the entire recovery journey. It will enable care to be tailored to individuals depending on where they are at in their recovery, ensuring we are not compromising safety and security. It will also provide opportunities for those further along the recovery journey to access greater freedoms.

*"(We have not designed a women's facility) of this type before, so we are exploring the things consumers have told us they really want in the design to make it truly feel like their space"*

Principal Advisor Design – Special Projects, Health Infrastructure



## Landscape

### What we heard

- More green space and a greater connection to outdoors is important for recovery. This includes access to landscape, both inside and outside, as well as the freedom to move around the hospital site (when appropriate), and the feeling of being immersed in green spaces.
- The opportunity to participate in horticultural activities is highly valued.
- Space and different types of areas for relaxation and exercise is important.
- There is a private garden on ground level in the women's building, and the men's garden has been extended.
- There will be large open space to exercise, more access to sunshine and fresh air, a yarning pit and an edible rooftop garden which consumers can tend to.
- The design also maximises the serene views of the surrounding parklands and river.

### What we're doing

- The designs maximise garden areas and green space – with landscaped courtyards and winter gardens that consumers have access to on every level.

**"In the designs, we have treated access to the outdoor space and landscape as a key part of the therapeutic environment. It is equally as important as internal space".**

Principal Advisor Design – Special Projects,  
Health Infrastructure

## Daily tasks

### What we heard

- 'Normalising' daily tasks is a high priority for consumers. This ranges from meal preparation to doing their own laundry. For example, large accessible kitchens make it easier for consumers to plan and prepare their own meals, while dining rooms provide opportunities to socialise and gather.
- Space and activities for recreation and socialising is valued.
- In addition to the existing gym on the hospital campus, each level in the new buildings has a small gym so consumers can incorporate exercise into their daily routine. Activity courtyards are also on every level.
- All units have community activity spaces.

### What we're doing

- The layout of the new buildings ensures there is adequate space for daily living activities, where possible, across the care continuum.
- Large functional kitchens have been incorporated into the plans, with significant input from consumers, about how these spaces can operate in a safe way.
- Each floor level is provided with a consumer laundry, another opportunity to encourage consumers to develop skills necessary for when they leave the hospital. On Level 3 of the women's precinct, a laundry is provided in each apartment, to further support women preparing to transition to independent, living in the community.



## Privacy

### What we heard

- Privacy in each unit is a priority. For example, consumers suggested locating shared spaces close to the entrance, and more private spaces further away.

### What we're doing

- This theme has been incorporated where possible in the architectural design of the buildings and in the layout of the facility.

- Consumer bedrooms will be in a bedroom wing, located off the main living areas, providing more privacy with a more domestic approach to the layout.
- Shared spaces will also be located adjacent to the staff and supported station, allowing consumers to feel comfortable with staff around.

## Recovery journey

### What we heard

- It is important for physical spaces to look and feel different as people move through the recovery journey.
- A less clinical feel, as people move further along the recovery journey, can help consumers adjust to life as it would be in the community.

**"Different colours could be used in different rooms to help people relax."**  
Thomas Embling Hospital Consumer Representative

### What we're doing

- This theme has influenced the architectural design and fit out of the buildings, and the layout of the facility.
- Finishes will vary as consumers make their way up the building through recovery – with more colour and texture introduced to reflect their progress.
- Furniture will change as the level of security decreases—from robust furniture and fixed tables for those most unwell, moving to more domestic style furniture as consumers along the recovery path.





## Sensory modulation spaces

### What we heard

- The design of therapeutic sensory spaces is important and should be designed as a consumer-led process.

### What we're doing

- The design incorporates multiple spaces where consumers can learn techniques to manage stress and regulate their own behaviour.

- The new facilities will include dedicated Sensory Rooms, that facilitate positive and calming sensory experiences such as music, lighting, weighted geckos, tactile games, and so on.
- For more challenging times of behaviour management, there is also a dedicated de-escalation room that has a rubberised softer floor, fixed bench seats and bean bags, designed to minimise accidental harm to those consumers in a heightened state of agitation.

## Calm and safe environment

### What we heard

- Adequate space is important in busy areas. Crowded areas, such as the dining room, can be quite noisy and stressful for consumers.
- Consumers highlighted the importance of creating an environment which enables the development of positive relationships, so consumers can support each other.
- Consumers also identified some residents may require separation from other cohorts (vulnerable groups) to help minimise any opportunities for predatory behaviours.

### What we're doing

- The design will ensure acoustics are managed well, and that there is enough space in busy areas, such as the dining room.

- Colours, materials and finishes that are considered therapeutic have been chosen based on extensive research and consumer feedback.
- Each consumer accessible room that is a shared space is designed so consumers and staff have multiple exit paths if required.
- A variety of lounge types on the shared units have been included in the design. Large common lounges, mid-sized communal lounges, and smaller quiet lounges, provide choice for consumers.
- There is access to shared spaces on ground floor, including a multi-faith room, multi-purpose rooms and garden spaces that consumers from each floor level have varying access to, allowing consumers to meet and interact.
- The building supports options in clinical interventions, which will help Forensicare work towards the Royal Commission's recommendation to reducing restrictive interventions.



# Learnings

When asked to share their experience on the co-design process, both consumers and the Project Team spoke positively of the benefits of having people with lived experience involved, reflecting on it as a genuine learning process for everyone.

Consumers and carers involved shared how inclusive the co-design process was, how much they valued the opportunity to be heard, as well as the confidence and sense of purpose the experience provided. But they also shared challenges, and how the process was a learning journey for them.

**“At the beginning everything was new but as I progressed, I became more confident.”**

Thomas Embling Hospital  
Consumer Representative

Meetings and co-design workshops were held virtually due to Covid-19 restrictions and security measures, and most consumers shared that they preferred this format as it removed external stressors and meant they could participate from the comfort of their home.

**“Having the meetings [online] worked for me – I prefer it. I enjoyed the fact that you don’t have to worry about getting anywhere, you can dress how you like, and you are in the comfort of your own home.”**

Thomas Embling Hospital  
Consumer Representative

Consumers and carers also shared personal challenges with the process, from smaller technical issues – to the emotional toll of being involved in such an intense process. This highlighted how important it is to create an environment where people feel safe and comfortable to share and are supported with the challenging feelings and emotions which can be triggered both during the sessions and following.

**“The thing about this space – and mental health in general, is, it’s not black and white, it’s complex. It’s not easy.”**

Thomas Embling Hospital  
Consumer Representative

Other challenges highlighted by consumers included understanding the purpose and content of each of the workshops, understanding how feedback would be considered or addressed, and forming working relationships with staff and executives. Some consumers also dropped out of the committee.

The project team shared how important it is to provide clear guidance and ensure adequate preparation, and how this led to greater collaboration and more meaningful discussion in workshops. This includes sharing information in advance, presenting information in an accessible and user-friendly format and using plain English.

Overwhelmingly, the project team and those involved in the co-design process spoke of value of the process in ensuring that the project will deliver a best-practice forensic mental health facility that will meet the needs of staff, consumers, carers, families and supporters now, and into the future.



# Conclusion

The comprehensive co-design and engagement process has provided meaningful opportunities for consumers, carers, staff, key stakeholders, and Executives to provide valuable insights into the planning and design of Stage 1 of Thomas Embling Hospital expansion project.

The approach has ensured that the those with lived experience of mental ill-health have been involved at every stage of planning and design- where appropriate for a forensic mental health hospital-as recommended by the Royal Commission into Victoria's Mental Health System.

We hope our process has also created learnings for other organisations embarking on the design of mental health facilities, so that together we can continue to improve and evolve our processes for the benefit of end users, and the Victorian community.

For more information on the project visit [www.vhba.vic.gov.au/mental-health/hospital-based-care/thomas-embling-hospital-expansion](http://www.vhba.vic.gov.au/mental-health/hospital-based-care/thomas-embling-hospital-expansion) or contact [tehexpansion@health.vic.gov.au](mailto:tehexpansion@health.vic.gov.au)

## Sharon's Story\*

Sharon spent many years at Thomas Embling Hospital and became an active member of the committees and working groups. She also played an important role in co-designing the Women's Precinct.

"Women really struggle because they're either well, or unwell, there's no in-between." Sharon said of the current situation.

"The [new] Women's Precinct will be so helpful to help people recover. It will help them to visualise the journey [to recovery]."

When Sharon spoke about her experience with the co-design process, she noted that having a dedicated support person, the Co-design Lead, was important for the consumers and key to the co-design approach.

"If something comes up and consumers don't want to discuss that in the meeting, they need someone they can talk to about that" she said.

Sharon said that while she initially found participating in the workshops overwhelming, over time her confidence grew."

"[I was] a bit unsure at the beginning, but I understand how it all works now. I feel like I have mastered how and when to ask questions."

"[I] was helping [co-chair meetings], I never thought I'd be able to do something like that."

*\*This name has been changed for publication.*




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